Eligibility Criteria – Hanford Employee Welfare Trust (HEWT) Health Plans (Medical/Vision and Dental), Effective 01/01/2011

EMPLOYEE

You are eligible to enroll for the HEWT health plans (medical/vision and dental) if:

1. you are a regular full-time or part-time employee of a sponsoring company of the HEWT, and
2. you are in a job category to which these benefits are offered, and
3. you have a regular work schedule of at least 20 hours per week.

Temporary and hourly employees are not eligible.

DEPENDENTS

Your eligible dependents include:

- *your legal spouse*, as recognized by Washington State law, unless he or she is currently enrolled in one of the HEWT medical/vision and/or dental plans.
- *your domestic partner*, as recognized by Washington State (must be same sex or opposite sex if one partner is at least 62 years old).
- *Eligible children* are: natural children; legally adopted children; stepchildren who reside in your home; and other children where the employee or spouse has legal guardianship, custody, or conservatorship evidenced by a court order.

Medical insurance plans

your children, under age 26*, provided they are not:

a) in the active military service, or
b) eligible for any other group health benefits through their employer.

Dental insurance plans

your unmarried children, under age 23* for Washington Dental or 25* for Willamette Dental, that you provide over 50 percent of their support and maintenance, provided they are not:

a) in the active military service, or
b) employed full-time, or
c) eligible for any other group health benefits through their employer

*****Bargaining employees may continue coverage for full time college students past the age listed above, if criteria is met. Disabled children of all employees may continue coverage if certified disabled prior to limiting age as listed above.

DEFINITIONS:

Full-time student:

1. a full-time student is a person who is enrolled in and attending full-time in a recognized course of study or training at one of the following: an accredited high school; an accredited college or university; or a licensed vocational school, technical school, beautician school, automotive school, or similar training school; and
2. full-time student status is determined in accordance with the standards set forth by the educational institution; full-time student status ceases upon graduation or if child is no longer enrolled and attending on a full-time basis; full-time student status continues during periods of regular vacation while attending college.

Disabled (child):

1. the child is not able to be self supporting due to disability, and
2. the child is principally dependent on the employee for support, and
3. proof of the child's condition and dependence is submitted prior to the date coverage would otherwise have ended.

The HEWT may require that the disabled child be examined by a physician chosen by the HEWT at their cost. You may be required to continue to provide proof that the child meets the conditions of incapacity and dependency. If proof is not provided of the child's incapacity and dependency within 30 days of request, coverage for the child may end.

It is the sole responsibility of the employee to verify current dependent eligibility (disability or full-time student status) annually at Open Enrollment. Any change in eligibility status as noted above must be reported immediately. Periodic verification may be required. Failure to provide verification will result in immediate termination of dependent coverage retroactive to latest date verified.

WHEN CAN YOU ENROLL?

Eligible employees and their dependents can enroll:

1. at the time the employee is hired, to be effective the date of hire; or
2. within 31 days of first becoming eligible, such as a life event (e.g., marriage, birth, adoption, custody, etc.), effective the date of the life event; or
3. during the annual benefits open enrollment effective January 1 of the following calendar year.

Life Event

It is extremely important to contact Benefits Administration to submit notification and appropriate documentation for life events, (marriage, birth, adoption, custody, loss of coverage) within 31 days of the event. Your dependents are covered from the date they join your family by reason of definitions as stated below; however, you must formally add them as covered dependents within 31 days of the qualifying life event to ensure proper coverage. To submit a change onsite, access the Current Benefits web page, available on the Employee Self Service page. Click on the appropriate add/drop link, complete and submit the e-form. For assistance or submittal from offsite, contact Benefits Administration at ^Benefits-HEWT (externally at Benefits-HEWT@rl.gov), or leave a message on the Benefits Help Line at (509) 376-6962. Special rules apply to those children added due to loss of state medical coverage; they may be added within 60 days of loss of coverage, however claim reimbursement may be delayed until enrollment is completed. Special rules apply to newborn or adopted children:

- A newborn or adopted newborn dependent is automatically covered for 21 days following birth, however claim reimbursement may be delayed until enrollment is completed.
- A newborn or adopted child may be enrolled retroactively within 60 days following date of birth or placement for adoption, however claim reimbursement may be delayed until enrollment is completed.
- A newborn or adopted child may be enrolled retroactively if no additional premium is required; enrollment is not required as a condition of coverage.

Should an ineligible dependent's coverage be cancelled retroactively based on the date the event occurred, the employee may be held responsible for any paid services for the ineligible dependent and there may not be a refund of premiums.

OTHER ELIGIBILITY RULES

Under no circumstances can dependent children be added or reinstated after age 26 for medical coverage. Under no circumstances can dependent children be added or reinstated after age 23 in the Washington Dental Plan, or age 25 in the Willamette Dental Plan.

No person can be covered more than once in a HEWT medical/vision or dental plan. For example, an individual cannot enroll as an employee, retiree, or COBRA participant, and also be covered as a dependent of another employee, retiree, or COBRA participant.

DISQUALIFICATION FOR BENEFITS

Your eligibility to participate in the applicable Plans will end:

- in accordance with the terms of the applicable *Summary Plan Description* (SPD);
- when the Plan is discontinued or terminated;
- when you fail to make any required contribution;
- when you are no longer working in an eligible class;
- for an enrolled dependent, when he or she no longer meets the requirements to remain an eligible dependent; or
- as a result of material misrepresentation, fraud, or omission of information in order to obtain coverage for a participant or others.

Continued health coverage may be available under provisions of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) to employees, dependents and former spouses who lose group coverage for reasons including termination or death of the employee, loss of eligibility by a dependent child, or divorce. In the case of divorce and loss of dependent eligibility, COBRA continuation coverage can continue up to 36 months as long as he or she continues to be eligible and pays the required premium.

However, to be eligible for COBRA continuation coverage, the employee or qualified beneficiary that is losing coverage must notify the HEWT Plan Administrator within 60 days of the employee's divorce, or an enrolled dependent's loss of eligibility as an enrolled dependent.

The above reflects rules for eligibility for HEWT health plans effective 1/1/2011. Eligibility rules comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA). ***Plan coverage provisions, contribution rates and eligibility requirements are subject to change.*** *These eligibility provisions may be different from the certificate of coverage. In those cases, the above rules apply.*

The Hanford Employee Welfare Trust is treating this plan as a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections for the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.
Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator: Hanford Employee Welfare Trust, P.O. Box 650 H2-23 Richland, WA 99352. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.